



LOCAL MEDICAL EMERGENCY POLICY

I. PURPOSE

To provide guidelines to EMS field personnel regarding the treatment and transportation of patients during a declared Local Medical Emergency.

II. POLICY

EMS field personnel shall follow the procedures and guidelines outlined below regarding the treatment and transportation of patients during a declared Local Medical Emergency.

III. DEFINITION

Local Medical Emergency: For the purposes of this policy, a Local Medical Emergency shall exist when a “local emergency”, as that term is used in Government Code, Section 8630, has been proclaimed by the governing body of a city or the county, or by an official so designated by ordinance.

IV. PROCEDURES

The following procedures shall apply during a Local Medical Emergency:

- A. A public safety agency of the affected jurisdiction shall notify the County Communications Center of the proclamation of a local emergency, and shall provide information specifying the geographical area that the proclamation affects.
- B. The Communications Center shall notify:
 - The County Health Officer/Designee.
 - ICEMA Duty Officer.
 - The County Sheriff’s Department.
 - Area EMS providers.
 - Area hospitals.

- C. This policy shall remain in effect for the duration of the declared Local Medical Emergency or until rescinded by the Medical and Health Operational Area Coordinator (MHOAC) which can be the County Health Officer and/or the EMS Agency Administrator or his/her designee.

V. MEDICAL CONTROL

- A. BLS, Limited ALS, and ALS EMS field personnel may function within their Scope of Practice as established in the ICEMA Policy, Procedure, and Protocol Manual without Base Station contact.
- B. No care will be given unless the scene is secured and safe for EMS field personnel.
- C. Transporting EMS providers may utilize BLS units for patient transport as dictated by transport resource availability. In cases where no ambulance units are available, EMS field personnel will utilize the most appropriate method of transportation at their disposal.
- D. Patients too unstable to be transported outside the affected area should be transferred to the closest secured appropriate facility.
- E. County Communications Center should be contacted on the 700/800 MHz system for patient destination by the transporting unit.
- F. Base Station contact criteria outlined in ICEMA Reference #5040 - Radio Communication Policy, may be suspended by the ICEMA Medical Director. EMS providers will be notified. Receiving facilities should be contacted with following information once en route:
- ETA.
 - Number of patients.
 - Patient status: Immediate, delayed or minor.
 - Brief description of injury.
 - Treatment initiated.

VI. DOCUMENTATION

First responder and transporting agencies may utilize Cal Chiefs' approved triage tags as the minimum documentation requirement. The following conditions will apply:

- One section to be kept by the jurisdictional public safety agency. A patient transport log will also be kept indicating time, incident number, patient number (triage tag), and receiving facility.
- One section to be retained by the transporting EMS provider. A patient log will also be maintained indicating time, incident number, patient number (triage tag) and receiving facility.
- Remaining portion of triage tag to accompany patient to receiving facility which is to be entered into the patient's medical record.
- All Radio Communication Failure reports may be suspended for duration of the Local Medical Emergency.

All refusals of treatment and/or transport will be documented as scene safety allows.

VII. COUNTY COMMUNICATIONS CENTER

County Communications Center will initiate a Multi-Casualty Incident (MCI) according to ICEMA Reference #5050 - Medical Response to a Multi-Casualty Incident. This information will be coordinated with appropriate fire/rescue zone dispatch centers and medical unit leaders in the field as needed.

VIII. RESPONSIBILITIES OF THE RECEIVING FACILITIES

1. Receiving facilities upon notification by the County Communications Center of a declared Local Medical Emergency will provide hospital bed availability and Emergency Department capabilities for immediate and delayed patients.
2. Receiving facilities will utilize ReddiNet to provide the County Communications Center and ICEMA with hospital bed capacity status minimally every four (4) hours, upon request, or when capacities are reached.
3. It is strongly recommended that receiving facilities establish a triage area in order to evaluate incoming emergency patients.

4. In the event that incoming patients overload the service delivery capacity of the receiving hospital, it is recommended that the hospital consider implementing their disaster surge plan.
5. Saturated hospitals may request evacuation of stable inpatients. Movement of these patients should be coordinated by County Emergency Operations Center (EOC) and in accordance with local disaster response plans and if necessary, National Disaster Medical System categories.

IX. REFERENCES

<u>Number</u>	<u>Name</u>
5040	Radio Communication Policy
5050	Medical Response to a Multi-Casualty Incident